

(08/11/13) wef

ASS. REC. BY: pm

REF: CS3/ASM 21009594/RVC

622H

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBH 8808Tat Workshop m/s EU & EU WILKINSONof 22, WOODLANDS LINK #1-2P

Insured:

ASM

Policy No.

Claims No.

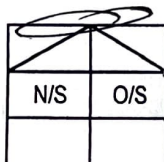
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

68K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBH 8808TYr Regn: 2018 / OCT

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA DYNA 150 SMTc.c 2982

Colour:

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

124076

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTEAT35470K210845

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: NIP / S/Rim / STD A/Rim or

Tyre Size:

F:

195R15

R:

155R13C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

5/5

mm

L/Bal.

7

mm

L/Bal.

5/5

mm

D.O.A.

10/09/21

D.O.I.

14/09/21

Survey held at

EU & EUDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Repair (int 47K)ESTIMATE RANGE OF REPAIR - (4K-5K) / 7 days

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|------------------------|
| Date of Submission | 10/09/2021 16:56 (SGT) |
| Date of Accident | 10/09/2021 05:50 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ADMIRALTY ROAD WEST |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBH8808T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | YE LIANG HOW CATERING SERVICE PTE LTD |
| Company Reg No | 2XXXXX672H |
| Email Address | aloysius@howscatering.com.sg |
| Mobile Phone No | (Phone) +65-92981789 |
| Alternative Phone No | (Office) +65-68522852 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer | Toyota |
| Model | DYNA 150 5MT |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2982 |

INSURANCE COMPANY

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5104828832-02 |
| Cover Note Number | 23/10/20 - 22/10/21 |

DRIVER

| | |
|-----------------|--------------------|
| Name of Driver | PALANIVELU SALIRAM |
| Passport No/FIN | GXXXX586R |

| | |
|--------------------------------------------------------------|------------------------------|
| Date of Birth | 08/01/1984 |
| Location | Outdoor |
| Date of Driving Pass | 09/01/2012 |
| Driving experience | 9 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97867268 |
| Alt. Phone Number | - |
| Email Address | aloysius@howscatering.com.sg |
| Address | - |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|-------------------------------|
| Type of Accident | Collision - Change/cross lane |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|-----------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|-------------------------------------------|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED (REPAIR BY OTHER WORKSHOP)

ATTACHMENT(S)

| | |
|---------------------------------------------------|--------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WILL EMAIL TO NTUC |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC1663U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| Address | - |

Loss complement -
Code -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1 VEHICLE NO: GBH8808T

2 INSURER CO: NTUC

3 ACCIDENT
DATE & TIME: 10/9/21 5:50am

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

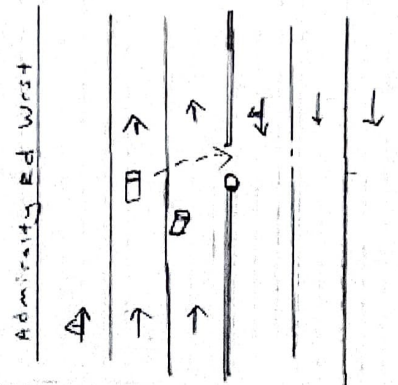
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE
TURN
OVER

Sketch Plan



A: GBH 88087

B: SMC 16634

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: MTUC Veh No: GBH8808T DoA: 10/9/21 5.50am

SHC 16634 travelling on the lane meant for going straight
only however make abrupt turn & hit my approaching vehicle

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
under your own comprehensive policy. Please check with your policy for more information.

DECLARATION ONLY

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)
Date & Time:

(YS) *ang* 10/9/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
(☒) Claim OD/TP at other workshop ()

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|-------------------------|
| Owner ID Type: | Company |
| Owner ID: | 672H |
| Vehicle No.: | GBH8808T |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 15 Sep 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | DYNA 150 5MT |
| Primary Colour: | White |
| Manufacturing Year: | 2018 |
| Engine No.: | 1KD2807384 |
| Chassis No.: | JTFAT35Y70K210845 |
| Maximum Power Output: | - |
| Open Market Value: | \$27,084.00 |
| Original Registration Date: | 23 Oct 2018 |
| First Registration Date: | 23 Oct 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,355.00 |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| COE Expiry Date: | 22 Oct 2028 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$29,501.00 |
| COE Rebate Amount: | \$20,952.00 |
| Total Rebate Amount: | \$20,952.00 |

The information contained herein is correct as at 15 Sep 2021

OK

Toyota Dyna 150 3.0M

Overview

Financial

Accessories

Similar

Research

Photos

Map

ABWIN 論輝

YOUR FIRST CHOICE AUTOMOTIVE SERVICE PROVIDER



| | | | |
|----------------|-----------------------------------------------|-----------------|---------------------------------------|
| Price | \$68,800 | Lifespan ? | 07-Oct-2038 |
| Depreciation ? | \$9,740 /yr View models with similar depre | Reg Date | 08-Oct-2018 (7yrs 22days COE left) |
| Mileage | 58,000 km (19.7k /yr) | Manufactured ? | 2018 |
| Road Tax ? | N.A. | Transmission | Manual |
| Dereg Value ? | \$19,151 as of today (change) | Fuel Type | Diesel |
| COE ? | \$27,104 | OMV ? | \$27,082 |
| Engine Cap | 2,982 cc | ARF ? | \$1,355 |
| Curb Weight ? | 1,720 kg | No. of Owners ? | 1 |